

## **BEAS LTC Medical Eligibility Determination Process Frequently Asked Questions**

### **General Questions**

#### **G-Q1. How do I submit an application for a Medical Eligibility Determination (MED) assessment?**

An Adobe Acrobat Reader format of the MED application (Version 1.3) and instructions can be found on the NH website at: <http://www.dhhs.nh.gov/DHHS/BEAS/ltc-medicaid-eligibility.htm>. These may be completed by hand and faxed to the correct location.

Applications in Microsoft (MS) Word format are available upon request by emailing [LTC@dhhs.state.nh.us](mailto:LTC@dhhs.state.nh.us). These may be completed electronically and faxed to the correct location. Frequently the poor quality of the faxed information and/or the difficulty reading handwritten material may cause a delay in processing.

Application submission points vary, depending upon geographic location of the individual and the type of medical eligibility approval needed. All Medicaid ICF level of care requests for in-state facilities or HCBC-ECI services should be submitted to the locations as indicated below.

<b>Name</b>	<b>E-Mail</b>	<b>Fax</b>	<b>Phone</b>
SLRC – Belknap County	<a href="mailto:nancyslrc@metrocast.net">nancyslrc@metrocast.net</a>	527-3790	528-6945
SLRC – Greater Manchester	<a href="mailto:bgamelin@eastersealsnh.org">bgamelin@eastersealsnh.org</a>	644-2361	644-2240
SLRC – Merrimack County	<a href="mailto:eslawsky@mcservicelink.org">eslawsky@mcservicelink.org</a>	228-6623	228-6625
SLRC – Monadnock/Cheshire	<a href="mailto:pmarsh@webryders.com">pmarsh@webryders.com</a>	352-8822	357-1922
SLRC – Strafford County	<a href="mailto:khayden-grace@straftfordnetwork.org">khayden-grace@straftfordnetwork.org</a>	335-8010	332-7398
Rest of State (BEAS State Office)	<a href="mailto:LTC@dhhs.state.nh.us">LTC@dhhs.state.nh.us</a>	271-7985	271-0549

#### **EXCEPTIONS:**

- 1) ALL applications for SNF, Swing, Medical/Behavioral Atypical care, Out-of-state care, or pediatric short-stay ICF should be sent to the BEAS Community Services LTC State Office. In Belknap County, however, applications for these services should be sent to the Belknap County ServiceLink Resource Center.
- 2) All applications for resumption of previously approved ICF level of care following an acute or SNF status should be sent to the BEAS state office. See question HS-Q3.
- 3) All applications for transfers from one facility to another for individuals already approved for Medicaid ICF determination should be sent to the BEAS state office. See question NF-Q8.

Once the application form is received, and the individual has an application filed with the Division of Family Assistance (DFA) for financial eligibility, a state nurse will be assigned to complete a face-to-face assessment to determine the individual's medical eligibility status for either Nursing Facility (NF) or Home and Community Based Care for the Elderly & Chronically Ill (HCBC-ECI) program. Duplicate applications may cause a delay in processing.

**G-Q2. The BEAS website offers only a printable Adobe Acrobat Reader version of the MED application. How can I obtain a version that could be completed electronically?**

Due to Department standards for the DHHS website, BEAS is able to post only the Adobe Acrobat Reader version of the MED application. Applications in MS Word format are available upon request by emailing [LTC@dhhs.state.nh.us](mailto:LTC@dhhs.state.nh.us). These may be completed electronically faxed to the correct location.

**G-Q3. I'm having difficulty utilizing the electronic format that was sent to me. What is the solution?**

Your computer system may impact the ability to easily utilize the electronic form. If you have difficulty, email BEAS IT support at [ngill@dhhs.state.nh.us](mailto:ngill@dhhs.state.nh.us).

**G-Q4. My administration is concerned that emailing the MED application is a violation of HIPAA.**

Many concerns have been raised regarding the emailing of MED applications and there are some conflicting points of view regarding the accurate interpretation of HIPAA guidelines. To ensure complete compliance with the intended protections of HIPAA, BEAS recommends fax transmission of the MED application.

**G-Q5. Will an application be rejected if some information is unknown or not completed?**

Applications will not be rejected but referrers may be contacted if important information needs to be clarified. Delays in processing may occur if the application is not fully completed.

**G-Q6. How much information is required to be completed for the financial and Medicaid status sections, Items 17, 18, and 19?**

This information is used by the Long Term Support Counselors at the ServiceLink Resource Center (SLRC) to help guide consumers to the most appropriate long term care services. The information should be provided if available. Official information pertaining to finances and Medicaid status will be determined by the Division of Family Assistance. Please refer to the application instructions detailed information regarding these sections.

**G-Q7. Can supplemental information be added/included when submitting the MED application?**

When faxing an application, referrers may add informational notes on the MED application or include another sheet of paper with information that may be helpful to the nurse scheduling and assessment. Please include the name of the consumer on any additional paperwork that is submitted.

**G-Q8. How will assessment appointments be scheduled?**

Once the Medicaid financial application has been filed, regional BEAS nurses will contact the applicant, guardian, or designated facility staff member as appropriate to schedule the assessment. Response time will vary depending upon Medicaid financial status, regional demand, and the applicant's medical acuity and circumstances.

**G-Q9. Who can be present at the assessment appointment?**

Providers and/or family members may be present if the applicant requests. In some circumstances the BEAS nurse may request a family member to participate. Nursing Facility staff are not required to be present, but need to be available answer questions the BEAS nurse may have.

**G-Q10. Will copies of completed MED assessment be distributed to applicants and/or providers?**

Copies of the MED assessment will be made available to the HCBC-ECI case manager and nursing facilities when the assessment results in an approved Level of Care (LOC). Consumers will receive a copy upon request. Copies of the MED assessment that result in denials of Level of Care will remain on file at BEAS State Office.

**G-Q11. I have not heard from the BEAS nurse to schedule an appointment. How can I check the status of the application?**

All inquiries should be emailed to [LTC@shhs.state.nh.us](mailto:LTC@shhs.state.nh.us). BEAS will get back to you with a status within 2 working days.

**G-Q12. What is the process for rescheduling an appointment if necessary?**

Every attempt should be made to keep scheduled appointments. If rescheduling is necessary, notify the BEAS nurse or the State Office Long Term Care Unit at least 24 hours in advance. A new assessment appointment will be scheduled based on nurse availability.

**G-Q13. How would a gero/psyche unit be designated on the application form?**

Geri/psyche units typically apply to designated beds in an acute hospital setting and do not require a MED application from the State.

**G-Q14. How do I obtain the latest forms and information pertaining to the NH Long Term Care Medical eligibility processes?**

Current forms and instructions can be found on the NH website at:  
<http://www.dhhs.nh.gov/DHHS/BEAS/ltc-medicaid-eligibility.htm>.

**G-Q15. How long does a MED application submission remain valid, pending financial eligibility processing?**

A MED application can remain in process with BEAS for up to 90 days. Referrers will be notified after 30 days and again after 60 days if no financial application has been initiated with DFA or if the financial application has not been completed. MED applications will be invalid after 90 days.

**Questions pertaining to Nursing Facilities**

**NF-Q1. Who will the nurse contact to schedule the assessment in a facility setting?**

The BEAS nurse will contact the Director of Nursing of the facility or his/her designated contact.

**NF-Q2. Will the nurse ask for any clinical information when scheduling an assessment?**

The BEAS nurse may inquire about the applicant's general ability to participate in the assessment and general medical information that may influence the scheduling of the assessment. The nurse may also ask for specific medical records to be made available at the time of assessment.

**NF-Q3. Have PASARR process requirements changed with the implementation of the MED assessment?**

There is no change to existing PASARR requirements. Individuals diagnosed with serious mental illness or mental retardation must receive PASARR approval prior to admission to an ICF nursing facility, in accordance with He-M1302.

**NF-Q4. If PASARR approval is required, can the MED application be submitted and an assessment schedule prior to PASARR decision?**

Yes, however BEAS will not issue a determination notice unless PASARR has approved the placement.

**NF-Q5. Will facilities be reimbursed retroactively to the date of admission if an assessment for a MED applicant cannot be scheduled prior to admission?**

DHHS policy states that consumers' condition must be assessed for the period of time reimbursement is requested. Financial eligibility for NF benefits can be up to three months prior to the date the Medicaid application is received by DFA, once LOC has been determined and approved. If an assessment cannot be scheduled before admission, the BEAS nurse will make two LOC determination decisions for two different points in time: 1) A medical records review (MDS, flow sheets, etc.) will make a retroactive LOC determination as of the date of admission or the requested Medicaid start date 2) A face-to face assessment will determine current LOC and future eligibility. If both determinations are approved, medical eligibility start date will equal the request date. If the current assessment is approved, but retroactive record review results in a denial, the medical eligibility start date will be from the date of the current assessment. If the current assessment results in a denial of LOC, but the retroactive record review results in an approval the medical eligibility will start on the request date with authorization ending as of the current assessment date.

**NF-Q6. What is the process for medical eligibility determinations for applicants that are currently residing in an out-of-state nursing facility, an inpatient rehab or hospital?**

The transferring facility should submit the MED application along with a current MDS or an OASIS completed by a registered nurse employed by a state-licensed home health agency. The BEAS nurse will conduct a paper assessment using Level of Care criteria and, if approved, make a LOC approval for 30 days. Upon transfer to the NH facility, a new MED application should be immediately submitted to schedule the BEAS nurse for a follow-up face-to-face assessment to verify continued eligibility.

**NF-Q7. What is the process for medical eligibility determinations for applicants who are currently residing out-of-state, but in an Assisted Living facility or in the community?**

Applicants should submit the MED application along with an OASIS completed by a registered nurse employed by a state-licensed home health agency. The BEAS nurse will conduct a paper

assessment based on NH Level of Care criteria and, if approved, make a LOC approval for 30 days. Upon transfer to the NH facility, a new MED application should be immediately submitted to schedule the BEAS field nurse for a follow-up face-to-face assessment to verify continued eligibility.

**NF-Q8. What is the process and what approvals are needed to transfer a Medicaid NF resident from one NF facility to another?**

A MED application must be completed and submitted to BEAS State Office in order to process the change in billing approval from one facility to another. Refers should clearly indicate on the application that the request is for a facility transfer. A new MED assessment by the BEAS nurse is not required.

**NF-Q9. Who is responsible for initiating the MED application for an applicant seeking NF placement?**

The entity seeking Medicaid reimbursement has the ultimate responsibility for initiating the MED application. However, BEAS will accept applications from a provider or professional involved with the individual. Providers can assist one another by developing community protocols as to which entity is in the best position to initiate the application on the consumer's behalf.

**NF-Q10. The 276 A & B has been used as admissions and transfer orders by numerous facilities throughout the state. Can this form continue to be used for these purposes?**

Over the years, the community providers have created unintended uses for the State's 276 A & B form. Effective January 1, 2006, BEAS eliminated utilization of this form. Community providers must create new admissions and transfer forms. If desired, providers could simply copy the format of the old form and eliminate the DHHS letterhead.

**Questions pertaining to Hospitals/Skilled Nursing Facilities (SNFs), Swing Beds**

**HS-Q1. Does a MED application need to be submitted for a LOC determination for SNF stays paid by Medicare?**

No, the MED assessment process applies only to long term care services when MEDICAID is the primary payer.

**HS-Q2. Is a MED application required for Medicaid reimbursement of a Medicare SNF stay that extends beyond 20 days when Medicaid is not the primary payor?**

No, the MED assessment process applies only to long-term care services when MEDICAID is the primary payer. Facilities should contact the local District Office of the Division of Family Assistance to communicate the consumer's SNF status and request completion of a "270 Form" for Medicaid reimbursement authorization.

**HS-Q3. Is a MED application and a new assessment required each time a NF resident moves from ICF to SNF and back again? What is the guideline if this occurs frequently during a short time period?**

A new MED application must be submitted to BEAS State Office each time an individual's level of care changes to adjust the billing authorizations. A new MED assessment by the BEAS nurse is not required when an individual is returning to a previously approved ICF facility. A MED assessment is required when an individual previously approved for ICF level of care is seeking Medicaid approval for SNF level of care

**HS-Q4. How will MED assessments be scheduled in a timely manner to accommodate the short term nature of hospital discharges to MEDICAID?**

Every effort will be made to accommodate these situations. Applications should be submitted to the location designated in G-Q1. Hospitals should note the urgent nature on the MED application. SNF and ICF facilities are allowed to have a staff registered nurse experienced with the MDS instrument complete the MED assessment and submit it to BEAS state office for a paper review. If LOC is approved, a short term authorization will be made.

**HS-Q5. Can assessments for SNF services be conducted during the facility search process, prior to the final placement decision? If so, how long is the assessment valid before another assessment would be required?**

Yes, assessments can be scheduled prior to the final placement decision; however, no determination will be made until a facility has been specified. Assessments will be valid for up to 60 days.

**Questions Pertaining to HCBC-ECI**

**HCBC-Q1. Is a MED application and assessment needed for an existing HCBC-ECI residential care or home-based participant now seeking NF ICF placement? Who should submit this, the case manager or the Nursing Facility?**

MED applications are needed each time an individual's long term care services change to adjust the billing authorizations. Consultations with the BEAS nurse must be scheduled to determine assessment and counseling requirements. The case manager has the responsibility to coordinate requirements for the change in service on the consumer's behalf. The entity seeking Medicaid reimbursement has the ultimate responsibility for initiating the MED application.

**HCBC-Q2. If a consumer inquires at the District Office seeking LTC services, who should complete the MED application the DFA Family Services Specialist or the BEAS APS Social Worker?**

The application should be initiated by an entity that has had some involvement with the consumer. DHHS professionals should assist consumers with this process to ensure a "no wrong door" experience.

In non-SLRC regions:

- If a consumer makes first contact with a BEAS Social Worker, the Adult Protective Services Social Worker (APS SW) completes and submits the MED to BEAS State Office and refers the consumer to DFA for the financial application.
- If a consumer makes first contact with a DFA Family Support Specialist (FSS) and has no involvement with BEAS, the FSS expedites the process by completing and submitting the 2 page MED application to the BEAS State Office.

- A case manager will be assigned by the BEAS State Office to assist the consumer with immediate community services (including those that might be appropriate from the BEAS District Office) and assistance with DFA requirements.

In SLRC regions:

- If a consumer makes first contact with a BEAS Social Worker, the APS SW can complete the MED application on the consumer's behalf and submit it to the SLRC. SLRC will initiate the DFA application process and assist the consumer with immediate community services, including those that might be appropriate from the BEAS District Office. Alternatively, if there is no past involvement with BEAS, the APS SW can refer them directly to ServiceLink who will work with the consumer to complete the MED application and assist with the process for filing a Medicaid financial application.
- If a consumer makes first contact with a DFA Family Support Specialist, the FSS can complete the MED application on the consumer's behalf and submit it to SLRC who will initiate the DFA application process. Alternatively, if there is no past involvement with the consumer, the FSS can refer them directly to ServiceLink who will work with the consumer to complete the MED application and assist with the process for filing a Medicaid financial application.

**HCBC-Q3. Will residential care facilities be reimbursed retroactively to the date of admission if an assessment for a MED applicant cannot be scheduled prior to admission?**

DHHS policy states that consumers' condition must be assessed for the period of time reimbursement is requested. If an assessment cannot be scheduled before admission, the BEAS nurse will make two LOC determination decisions for two different points in time: 1) A medical records review (MDS, hospital records, flow sheets, etc.) will make a retroactive LOC determination as of the date of admission or the requested Medicaid start date. 2) A face-to face assessment will determine current LOC and future eligibility. If both determinations are approved, medical eligibility start date will equal the request date. If the current assessment is approved, but retroactive record review results in a denial, the medical eligibility start date will be from the date of the current assessment. If the current assessment results in a denial of LOC, but the retroactive record review results in an approval the medical eligibility will start on the request date with authorization ending as of the current assessment date.